FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	١ `											
		(See instruction	ns)					Off	ice use on	y		
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		nple: If typyir the lines	g, type	12F	E4M	5	1			
Graves for C	ongress		ш			ш				ш		لب
						ш				Ш		لــــا
ADDRESS (number and	d street)	Grand, Suite 24	100			Ш				ш		لب
X (Check if add	dress		ш	шш		ш			1 1	Щ		ш
is changed)	Kan	sas City	ш		ш	M	0	Ш	6410	)8  - 		ш
COMMITTEE'S E-MA	AIL ADDRESS		CITY			STAT	Ε <b>▲</b>		ZIF	CODE	•	
	lathropgage.com											1
			1 1 1				1 1	1 1	1 1	<del></del>		 
COMMITTEE'S WEE	B PAGE ADDRESS (L	JRL)			•		•					• • •
		11111			1 1 1		1 1	1 1	1 1		1	1
<u> </u>			1 1 1		1 1 1				1 1			
2. DATE 0	M / D D / Y	Ž 0 0 7										
3. FEC IDENTIFIC	ATION NUMBER		C C00	359034								
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMENI	DED (A)							
I certify that I have exar  Type or Print Name of	nined this Statement and	d to the best of my kno		d belief it is tr	ue, correct a	nd comp	lete					
Signature of Treasure	er Electronically File	ed by <b>Jean Paul</b>	Bradsh	aw		Date	<b>M</b>	<b>1</b> <sup>M</sup> /	D 2 2	/ Y	Ž	0 0 7
NOTE: Submission of	false, erroneous, or incom	mplete information may	•		_				of 2 U.S.0	C. S437	g.	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis 0-424-9530		:		FEC (Revis	FOR ed 02/20		

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5.	TYPE OF COMMITTEE (Check One)	
	(a) X This committee is a principal campaign committee. (Complete the candidate information below.)  (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the calculation below.)	andidate
	Name of Sam Graves Candidate	
	Candidate Party Affiliation  REP  Office Sought:  X House Senate President	State MO District 6
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, publican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
3.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY▲ STATE▲ Z	ZIP CODE 🛕
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name	)			Pa	ige <b>3</b>
Write or Type Committee Name					
<b>Graves for Congress</b>					
<ol> <li>Custodian of Records: Identify possession of Committee book</li> </ol>		ber optional), and pos	sition of the	e person in	
Full Name Jean Paul B	radshaw				
Mailing Address	2345 Grand, Suite 2400				
	Kansas City		<u>o</u> _	64108	
Title or Position ▼	CITY A	STA	ГЕ▲	ZIP CO	DE A
Treasurer		Telephone number	816	_ 460	5507
Full Name of Treasurer  Mailing Address  Jean Paul B	radshaw 2345 Grand, Suite 240	00			
	Kansas City		<u>o</u> _	64108_	
Title or Position ♥	Kansas City			64108 ZIP CO	DE <b>A</b>
Title or Position ▼  Treasurer		<del></del>			DE <b>A</b> 5507
•		STA	TE <b>A</b>	ZIP CO	
Treasurer Full Name of Designated		STA	TE <b>A</b>	ZIP CO	
Treasurer  Full Name of Designated Agent		STA	816	ZIP CO	5507

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9.	Banks or Other Dep safety deposit boxes of	
	Name of Bank, Depos	sitory, etc.
		Bank of America
	Mailing Address	P.O. Box 419119
		Kansas City MO 64141 _

STATE ∠

**ZIP CODE** △

CITY 🛆

Membership Organization

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Banks or Other Deposite safety deposit boxes or man Name of Bank, Depository	aintains funds.	s or other depositories in which the	committee deposits funds, ho	lds accounts, rents
UN	IB Bank, N.A.			
Mailing Address	1010 Gran	d		
	Kansas Ci	ty	MO	64106
		CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connecte	d Organization or Af	ffiliated Committee		[ ADDITIONAL ]
Mailing Address				
		CITY	STATE A	ZIP CODE 🛦
Relationship				
Type of Connected Organ	nization:			
Corporation	Γ	Corporation w/o Capital Stor	J. D. Jahan C	)rganization

Trade Association

Cooperative

Designated Agent			[ ADDITIONAL ]
Full Name  Mailing Address			
Title or Position ♥	CITY A		ZIP CODE A
	т	elephone number	

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Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, e	tains funds.	other depositories in which the	committee deposits fund	s, holds accounts, rents
Cour	ntry Club Bank, N.A			
Mailing Address	P.O. Box 4108	89		
	Kansas City		МО	64141 _
		CITY 🛆	STATE <b>△</b>	ZIP CODE △
		CITY Z	SIAIE	ZIP CODE A
Name of Any Connected (	Organization or Affiliat	ed Committee		[ ADDITIONAL ]
Mailing Address				
	1			
		OITY A	OTATE A	7/D 00DE A
		CITY	STATE <b>▲</b>	ZIP CODE A
Relationship				
Type of Connected Organiz	ation:			
Corporation		Corporation w/o Capital Sto	ock Lal	oor Organization
Membership Organ	nization	Trade Association	Co	operative

Designated Agent		[ ADDITIONAL ]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	STATE A ZIP CODE A
	Te	elephone number = =